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Request **Application Number** 10/763,331-Conf. #6967 for January 26, 2004 Filing Date Continued Examination (RCE) First Named Inventor Sandy CHU Transmittal Address to: Art Unit 2179 Mail Stop RCE **Commissioner for Patents Examiner Name** K.L.T. Dam P.O. Box 1450 Alexandria, VA 22313-1450 4444-0133P Attorney Docket Number

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

6, 1995, of to any design application.						
Submission required under 37 CFR 1.114 Note: If the RCE is proper, a amendments enclosed with the RCE will be entered in the order in which they w applicant does not wish to have any previously filed unentered amendment(s) eramendment(s).	ere filed unless applicant instructs otherwise. If					
a. Previously submitted. If a final Office action is outstanding, an may be considered as a submission even if this box is not che						
i. Consider the arguments in the Appeal Brief or Reply Brief p	reviously filed on					
ii. Other						
b. X Enclosed						
i. X Amendment/Reply iii. Information	Disclosure Statement (IDS)					
ii. Affidavit(s)/Declaration(s) iv. Other						
2. Miscellaneous						
a. Suspension of action on the above-identified application is requestion period of months. (Period of suspension shall not ex	` '					
b. Other						
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 v	when the RCE is filed.					
a. X The Director is hereby authorized to charge the following fees, overpayments to Deposit Account No. 02-2448 . I h i. X RCE fee required under 37 CFR 1.17(e)						
ii. Extension of time fee (37 CFR 1.136 and 1.17)						
iii. Other	·					
b. Check in the amount of \$ enclose	osed					
c. Payment by credit card (Form PTO-2038 enclosed)						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Signature	Date December 7, 2007					
Name (Print/Type) Joe McKinney Muncy	Registration No. 32,334					
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PTO/SB/17 (10-07)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE uired to respond to a collection of information unless it displays a valid OMB control number

Onder the Paperwork Reduction Act	i 1995, ilo person are req	uned to re	spond to a collection				control number		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		A818)	Complete if Known						
FEE TRANSMITTAL		~~~~ F	Filing Date	ibei	January 26, 20				
FEE IRANSIVIIIIAL		}		ontor	Sandary 20, 20	704			
For FY 2008		H			K.L.T. Dam				
									
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2179						
TOTAL AMOUNT OF PAYMENT (\$) 810.00 Attorney Docket No. 4444-0133P									
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified de	posit account, the Dire	ector is	hereby authorize	ed to: (che	eck all that apply)				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND		S							
į F	FILING FEES	SEA	RCH FEES	EXAMI	NATION FEES				
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)		
Utility 310	155	510	255	210	105				
Design 210	105	100	50	130	65				
Plant 210	105	310	155	160	80				
Reissue 310) 155	510	255	620	310				
Provisional 210		0	0	0	0				
2. EXCESS CLAIM FEES		ŭ	•	·	· ·		Small Entity		
Fee Description						<u>Fee (\$)</u>	Fee (\$)		
Each claim over 20 (including Rei	•					50	25		
Each independent claim over 3 (inc	luding Reissues)					210	105		
Multiple dependent claims				_		370	185		
Total Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)	_	Multiple Depende				
25 - 27 = HP = highest number of total claims paid t	x =			<u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)		
Indep. Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)		 -		_		
2 -3=	x =		<u> </u>						
HP = highest number of independent clair	ns paid for, if greater than	3.							
3. APPLICATION SIZE FEE									
If the specification and drawings									
listings under 37 CFR 1.52(e))				or small o	entity) for each a	dditional 50)		
sheets or fraction thereof. See		•	* *		(A)	F 1	3_:d (#)		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x						<u>ree 1</u>	Paid (\$)		
4. OTHER FEE(S)			,			Fees	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00									
SUBMITTED BY									
Signature	/ //		Registration No.	32,334	Telephone	(703) 205	5-8026		
Name (Print/Type) Joe McKinney Muncy Date				- 	December 7, 2007				
1 1 43 368 December 7, 2007									
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